

INTERN ATTENDANCE AGREEMENT



INSTRUCTIONS: Please provide a copy to the intern. Keep a copy for your records and return the completed form to Lou Bender at the address listed below.

PROCEDURES: If you will be more than 15 minutes late, please call your supervisor. Excellent attendance is an expectation of all employees at the Board of Equalization. When you need to be absent or if you need to modify your schedule, please notify your supervisor as soon as possible.

START DATE		END DATE	TOTAL HOURS PER WEEK
WEEKLY SCHEDULE	START TIME	END TIME	HOURS PER DAY
SUNDAY			
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			
		TOTAL HOURS	

COMMENTS

SIGNATURE OF AGREEMENT

INTERN NAME <i>(please print)</i>	INTERN SIGNATURE 	DATE
SUPERVISOR/MANAGER NAME <i>(please print)</i>	SUPERVISOR/MANAGER SIGNATURE 	DATE